PTO/SB/06 (07-06)

Approved for use through 1/31/2007, OMB 0651-0032 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/728,247			ing Date 04/2003	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN ALL ENTITY	
FOR			NUMBER FI	LED NL	NUMBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
BASIC FEE (37 CFR 1.16(a), (b), or (c))			N/A		N/A		N/A		]	N/A		
SEARCH FEE (37 CFR 1.16(k), (i), or (m))			N/A		N/A		N/A		]	N/A		
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A			N/A		
TO (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *				x \$ =		OR	x s =		
INDEPENDENT CLAIMS (37 CFR 1.16(h))			minus 3 = *			1	x \$ =		1	x \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE sh	eets of pap \$250 (\$125 ditional 50	ngs exceed 100 on size fee due ) for each on thereof. See * CFR 1.16(s).								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL		]	TOTAL		
APPLICATION AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)							SMAL	L ENTITY	OR		ER THAN ALL ENTITY	
AMENDMENT	05/31/2007	CLAIMS REMAINING AFTER AMENDMEN	т	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	• 45	Minus	<b>~</b> 46	= 0	]	X \$25 =	0	OR	x s =		
	Independent (37 CFR 1.16(h))	• 11	Minus	···11	= 0	1	X \$100 =	0	OR	x s =		
	Application Size Fee (37 CFR 1.16(s))											
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE		
(Column 1) (Column 2) (Column 3)												
L		CLAIMS REMAINING AFTER AMENDMEN		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16())		Minus			1	x \$ =		OR	x s =		
Ω	Independent (37 CFR 1.16(h))	*	Minus	***		]	x \$ =		OR	x \$ =		
AMENDMENT	Application Size Fee (37 CFR 1.16(s))					Į			1			
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR			
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
The	"If the entry in column 1 is less than the entry in column 2, write "or in column 3. Legal Instrument Examiner."  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 1, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 1, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "3".  The "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20".  "If the "Highest Number Previously Paid For" (To ITHIS SPACE is less than 20".  "I											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USF) process) an application. Confidentiality is ownered by \$8 USF. 1.28 and \$3 CFR 1.14. This collection is estimated to be 12 minutes to complete, including gathering preparing, and submitting the completed application form to the USFIO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burdon, should be sent to the Child reflorational confidence. U.S. Patents and Trademark Office, U.S. Department of Commonce, P.O. Box 1450, Alexandria, VA 2213-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIENCES. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 2213-1450.